

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/700057

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1											
2		1										
3		1										
4		31										
5		13										
6		10										
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23	1											
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50												
TOTAL IND.	3											
TOTAL DEP.	36											
TOTAL CLAIMS	39											
51												
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TOTAL DEP.												
TOTAL CLAIMS												